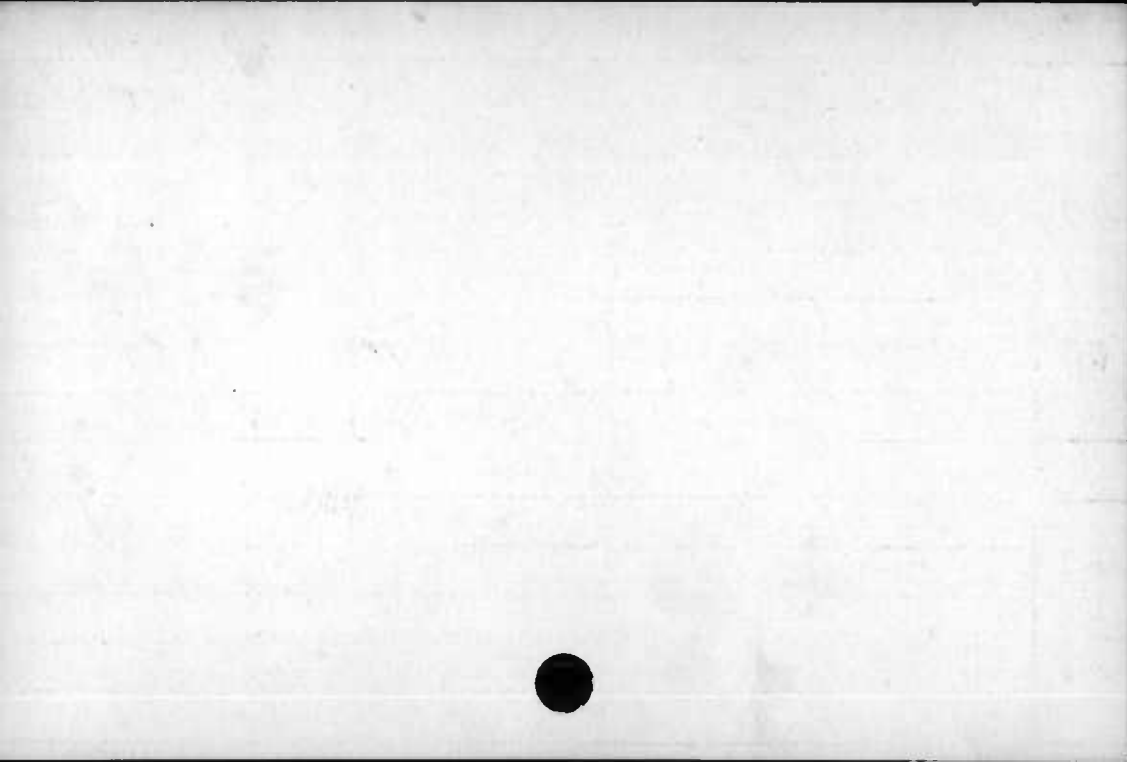


Name in Full		John L. Durst				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND				
	Date of death		Month		Day		Age		Years		
	1908		Jan		23		69		7		
	Sex		Color or Race		Birth-place		Months		Days		
	Male		white		Maryland		19				
	Occupation		Where Residing if not at place of death		Granterville, Md						
	Farmer										
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband		Leablla Durst						
	Father's Name		Father's Birthplace		Jacob Durst		Md				
	Mother's Maiden Name		Mother's Birthplace		Annie Ireland		Md				
	Name of person giving information		How related to deceased		Michael W Durst		Brother				
CAUSES OF DEATH						(65)					
PHYSICIAN OR CORONER	Primary		Softening of Brain		How long		20 years				
	Immediate		Heart Disease		How long		6 weeks				
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J L Berans				
					Address		Granterville Md				
	Accident or Suicide?		Have not		seen him for 607 weeks.						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

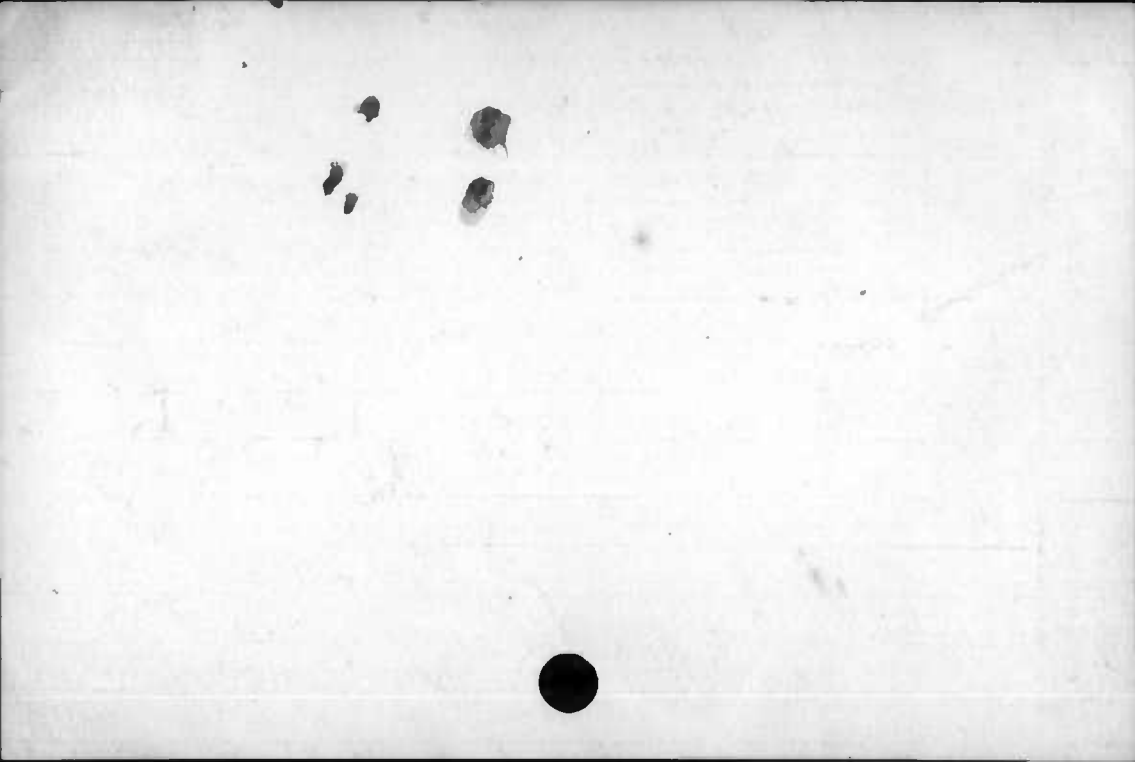
Died at <i>Grantsville</i> ^{Town}		<i>Barrett</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>January</i> ^{Day}	<i>11</i> ^{Age}	<i>42</i> ^{Years}	<i>4</i> ^{Months} <i>22</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>William Charles Hurst</i>		
Father's Name	<i>Samuel Hurst</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Louisa Wyland</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Mary L. Hurst</i>			How related to deceased	<i>wife</i>

CAUSES OF DEATH

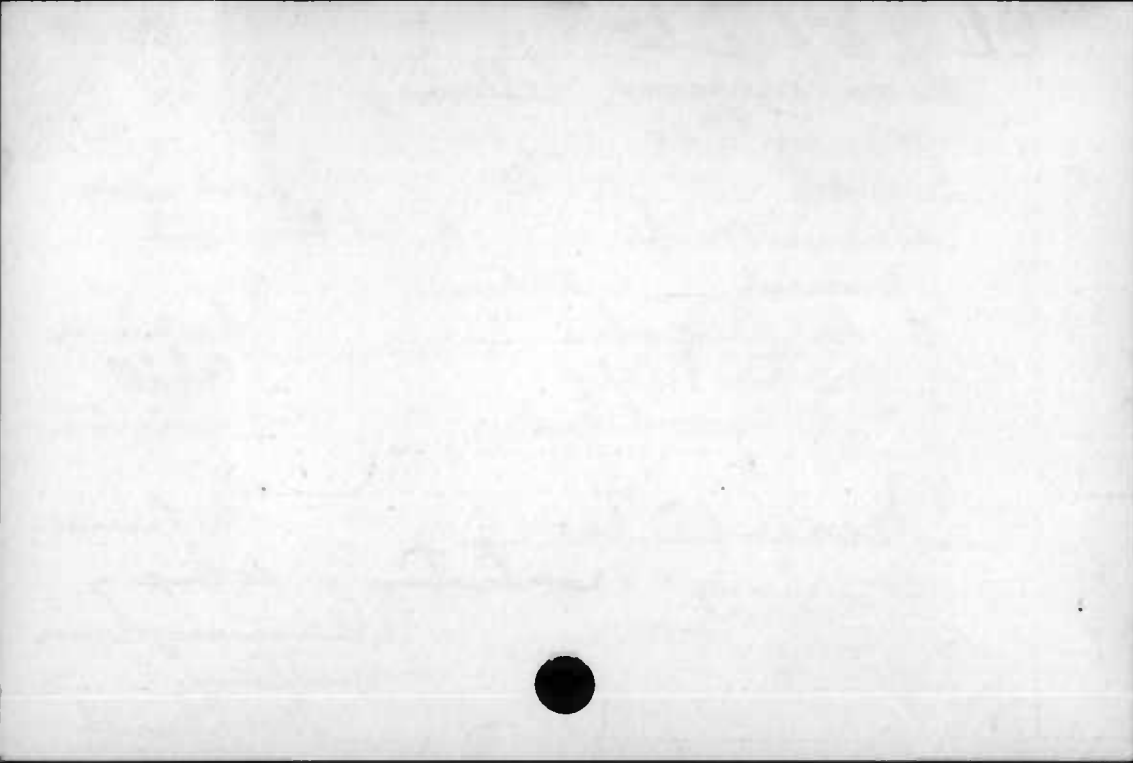
66

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>14 days</i>
Immediate	<i>Influenza (Typhoid)</i>	How long	<i>Between 3 and 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes (so far as I know)</i>	Signature of Physician	<i>B. H. Briscoe M.D.</i>
		Address	<i>Grantsville Md.</i>
Accident or Suicide?	<i>Neither</i>		



Name in Full		Charles Wallace Hennen				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Deer Park	County Garrett		MARYLAND	
		Date of death	1908	Month January	Day 25	Age	29	Months 11
		Sex	Male	Color or Race	White	Birth-place	Keyser, W. Va	
		Occupation	School teacher		Where Residing if not at place of death	Deer Park		
		Married, Single or Widowed	Single	Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name	William Hennen			Father's Birthplace	Morgantown W. Va	
		Mother's Maiden Name	Mary C. Steinhart			Mother's Birthplace	Moosefield, W. Va.	
		Name of person giving information	William Hennen			How related to deceased	Father	
		CAUSES OF DEATH				27		
PHYSICIAN OR CORONER		Primary	Phthisis			How long	About 18 mos.	
		Immediate	Pulmonary Hemorrhage			How long	Death in ten minutes	
		Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dr. J. E. Hurley.	
						Address	Deer Park, Garrett County.	
		Accident or Suicide?						



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

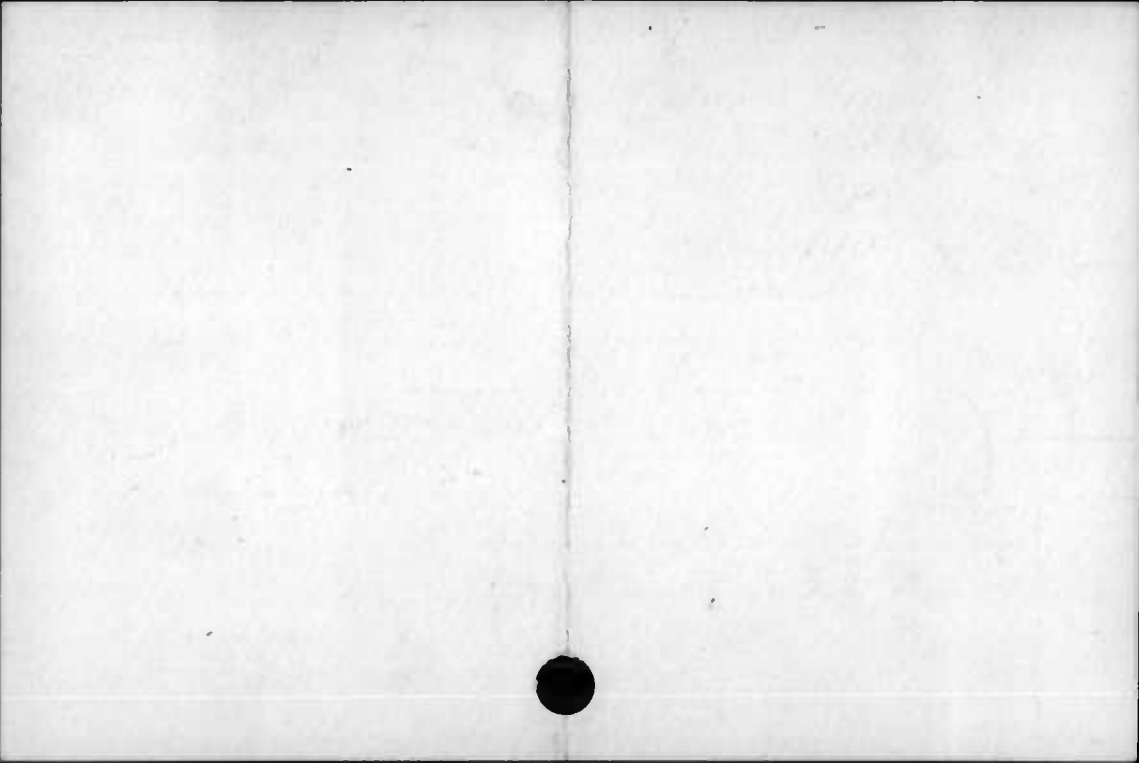
Name in Full <i>Olive D Jacob</i>		Town <i>Mason</i>		County <i>Allegheny</i>		State <i>Penn</i>	
Died at <i>Mason</i>		Month <i>1</i>		Day <i>28</i>		Years <i>32</i>	
Date of death <i>1904</i>		Month <i>1</i>		Day <i>28</i>		Years <i>32</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Indiana</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>at Home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Stanley Jacob</i>					
Father's Name <i>John Jacob</i>		Father's Birthplace <i>Indiana</i>					
Mother's Maiden Name <i>Martha Riley</i>		Mother's Birthplace <i>Ohio</i>					
Name of person giving information <i>Mrs M. Jacob</i>		How related to deceased <i>Mother in Law</i>					

CAUSES OF DEATH

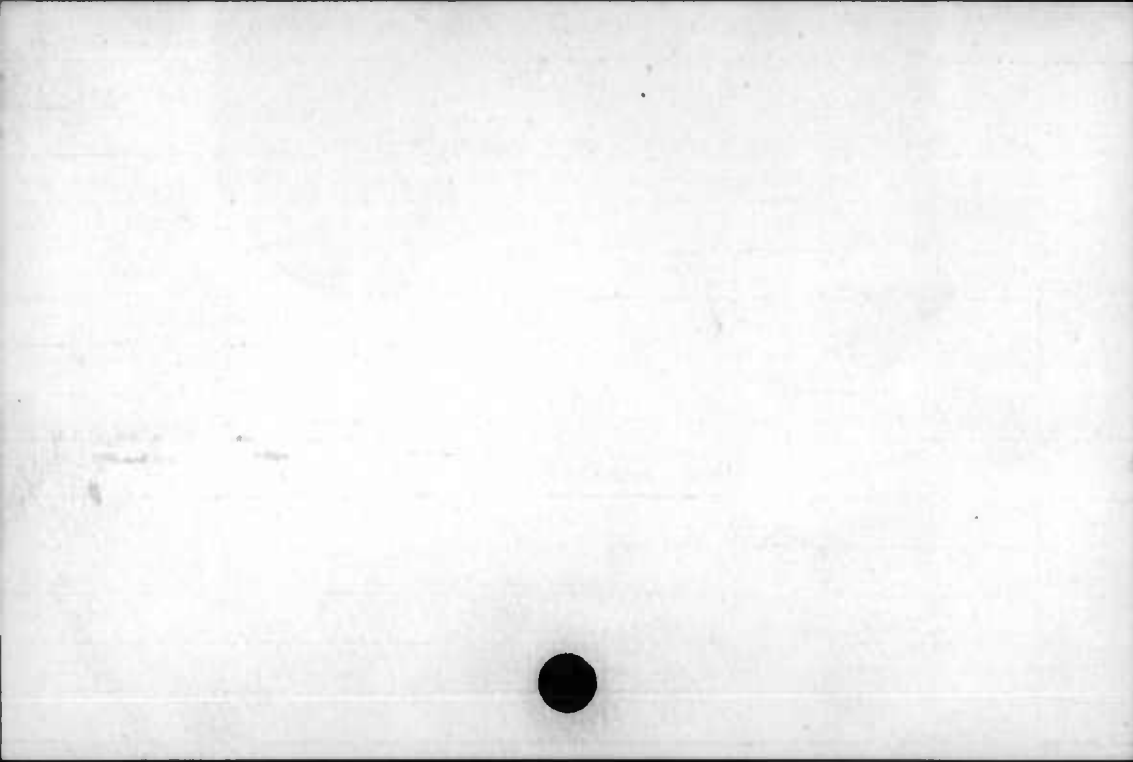
35

PHYSICIAN
OR CORONER

Primary	<i>Scrapula</i>	How long	<i>3 Years</i>
Immediate	<i>Dyspepsia & Crystallization</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. C. Cunningham</i>	
		Address <i>Pittsburgh</i>	
Accident or Suicide? <i>No</i>		<i>Mayland</i>	



Name in Full		Christian Klotz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bittinger		County		MARYLAND	
	Date of death	1908	Month	Jan	Day	19	Age
						Years	67
						Months	9
						Days	3
	Sex	male		Color or Race	white		Birth-place
	Occupation	Former		Where Residing if not at place of death			
	Married, Single or Widowed	widower		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name	Don't know				Father's Birthplace	Don't know
	Mother's Maiden Name	Don't know				Mother's Birthplace	Don't know
	Name of person giving information	Jonas Schach				How related to deceased	niece
	CAUSES OF DEATH						64
	Primary	apoplexy				How long	9 weeks
Immediate	apoplexy 3rd stroke				How long	3 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H.R. Buyer MD	
				Address		residence md	
Accident or Suicide?							



Name in Full		Certificate of Death			
Thomas J. Sawdermill		Maryland			
Died at <i>McHenry</i> <small>Town</small>		<i>Garrett</i> <small>County</small>			
Date of death <i>1908</i> <small>Month</small> <i>Jan</i> <small>Day</small> <i>16</i>		Age <i>59</i> <small>Years</small>		Months <i>10</i> Days <i>22</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lewis A. Sawdermill</i>			
Father's Name <i>John P. Sawdermill</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Elizabeth Keener</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>George Sawdermill</i>		How related to deceased <i>Brother</i>			
CAUSES OF DEATH					
Primary <i>Tuberculosis of Throat</i>		How long <i>1 year</i>			
Immediate <i>of Throat Throat Stomach</i>		How long <i>Several months</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Boyer M.D.</i>			
		Address <i>Accident</i>			
Accident or Suicide? <i>.</i>					

Hayer

cemetery

Name
in
Full

Cecil Ravenscroft:

twg. 67.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

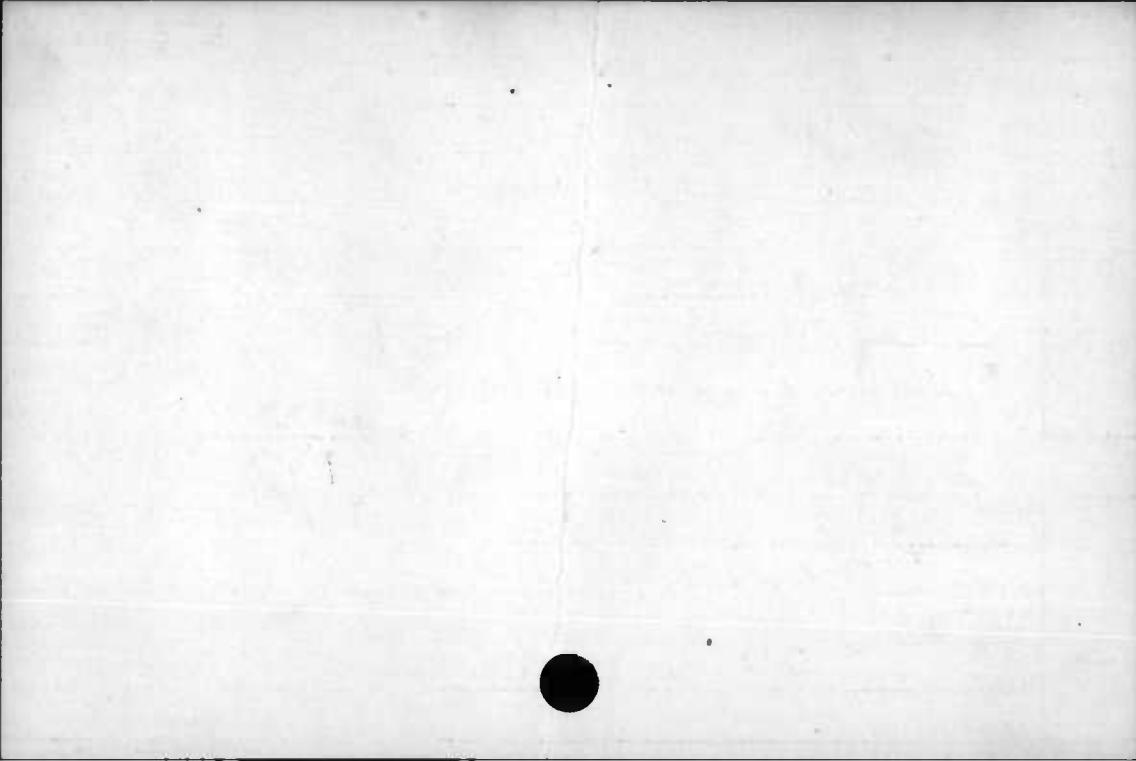
Died at <i>Oakland</i> ^{Town}		<i>Garnett</i> ^{County}	
Date of death <i>Jan 17</i> <i>1908</i>	Month <i>JAN.</i>	Day <i>17</i>	Age <i>✓</i> Years Months Days <i>17</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Oakland</i>	
Occupation	Where Residing If not at place of death <i>Oakland</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Webster Ravenscroft</i>	Father's Birthplace <i>Danvers Md</i>		
Mother's Maiden Name <i>Miss Lizzie Riley</i>	Mother's Birthplace <i>New Park Md</i>		
Name of person giving information <i>Webster Ravenscroft</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Imp perforated aneurysm</i>	How long <i>17 days</i>
Immediate <i>Ex aneurysm</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. W. McComas</i>
<i>dk</i> <i>✓</i>	Address <i>Oakland Md</i>
Accident or Suicide? <i>✓</i>	



Mable Irene Savage

CERTIFICATE OF DEATH

Died at ^{Town} near Sang Run		^{County} Garrett		MARYLAND	
Date of death	1908	Month	Jan	Day	27
Sex	Female	Color or Race	White	Months	6
Occupation		Birth-place	Maryland	Years	27
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Walter C. Savage	Father's Birthplace	Md		
Mother's Maiden Name	Elsie A. Sewitt	Mother's Birthplace	Md		
Name of person giving information	Walter C. Savage	How related to deceased	Father		

CAUSES OF DEATH

10

PHYSICIAN OR CORONER	Primary	Ingripfe	How long	1- week
	Immediate	Cerebral meningitis	How long	1 day
	Are the name, age, sex, color, date and place correctly given above?	yes -	Signature of Physician	W. C. Bager MD
			Address	Acidus
	Accident or Suicide?			Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sang Run

Name in Full		McClellan Savage				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		White Rock		County		Barrett
	Date of death		1908	Month	Jan	Day	18
	Age		44		Years		Months
	Sex		Male		Color or Race		White
	Occupation		Coal miner		Birth-place		Maryland
	Where Residing if not at place of death						
	Married, Single or Widowed		Married		Name of Wife or Husband		Mary H. Savage
Father's Name		Wm Savage		Father's Birthplace		MD	
Mother's Maiden Name		Lydia Savage		Mother's Birthplace		MD	
Name of person giving information		Marshall Burgess		How related to deceased		Brother-in-law	
				CAUSES OF DEATH		166	
PHYSICIAN OR CORONER	Primary		Accident		How long		Sudden
	Immediate		Head crushed		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. J. Mason M.D.
	Fall of slate in mine		Address				Frederick Md
	Accident or Suicide?		Accident				

Bank & Savings

Name
in
Full

Bella Schreck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington Btton</i>		Town <i>Washington Btton</i>		County <i>St. Marys</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Jan</i>	Day <i>14</i>	Age <i>9</i>	Years <i>9</i>	Months <i>9</i>	Days <i>20</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Landville Md</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i>Residing Washington Btton</i>			
Married, Single or Widowed <i>1</i>		Name of Wife or Husband <i>1</i>					
Father's Name <i>Alvin Schrock</i>				Father's Birthplace <i>Btton Md</i>			
Mother's Maiden Name <i>Annelia Miller</i>				Mother's Birthplace <i>Landville Md</i>			
Name of person giving information <i>Jacob Miller</i>				How related to deceased <i>Grand Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchial - trouble</i>		How long <i>6 months</i>
Immediate <i>Meningitis Cerebri</i>		How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. T. Robinson</i>
		Address <i>Landville Md</i>
Accident or Suicide? <i>no</i>		



Name
in
Full

Clara Brazilla Weber

CERTIFICATE OF DEATH

MARYLAND

Died at

Cone

Town

County

Garrett

Date

of death

1908

Month

June

Day

23

Age

Years

28

Months

10

Days

17

Sex

Female

Color or
Race

White

Birth-
place

Cone md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Weber

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ella Kolb-

Mother's
Birthplace

Accident md

Name of person giving
information

Henry Kolb-

How related
to deceased

Cousin

CAUSES OF DEATH

93

Primary

Pneumonia

How long

6 days

Immediate

Pneumonia

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. R. Boyer M.D.
Accident
md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

(2)



Name
in
Full

Barbara Loder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
8 Jan		4		77	6	24	
Sex	Female		Color or Race	White		Birth-place	Sumner Co. Pa
Married, Single or Widowed	Widow		Occupation		Housewife		
Name of Wife or Husband		Husband dead (Rudolph Loder)					
Father's Name		John P. Miller		Father's Birthplace		Sumner Co Pa	
Mother's Maiden Name		Anna Beach		Mother's Birthplace		" "	
Name of person giving information		Emmanuel H. H. H.		How related to deceased		Wife	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	General debility		How long	2 Years
Immediate	Nephritis		How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			H. T. Robinson	
			Address	
			Grantville	
Accident or Suicide?		No		

